



City of Seattle  
CIVIL SERVICE COMMISSION  
700 Fifth Avenue, Suite 1670  
P.O. Box 94729  
Seattle, WA 98124-4729  
(206) 386-1301

CSC Appeal No. \_\_\_\_\_

Date Filed: \_\_\_\_\_

Date Received by CSC: \_\_\_\_\_

## NOTICE OF APPEAL TO THE CIVIL SERVICE COMMISSION

**INSTRUCTIONS:** Submit an original copy of this form to the Executive Director, Civil Service Commission 700 5th Avenue, Suite 1670, PO Box 94729, Seattle, WA 98124-4729. The appeal must be received by the Executive Director **within 20 (twenty) days (unless otherwise designated)** following the received date or the postmarked date of the final notice from the department to the appellant. An original signature of the appellant or authorized representative is required for appeals. Complete all three pages.

**I.**

Appellant's Full Name	Work Address	Work Telephone
Residence Address	City /State/Zip	Home Telephone/Email
Job Title/Position	Department/Unit	
Start Date in Position	City Employee Since, Month/Date/Year	Employee ID #
Full Name of Authorized Representative (if any)		Telephone Number (Include Area Code)
SIGNATURE OF APPELLANT <u>OR</u> AUTHORIZED REPRESENTATIVE		DATE

**II. ACTION BEING APPEALED: (check one)**

- ☐ Suspension      ☐ Discharge      ☐ Demotion      ☐ Political Patronage
- ☐ City of Seattle Personnel Ordinance or Rule(s) Violation: What Personnel rule, regulation, or provision, do you believe was violated? \_\_\_\_\_
- ☐ Other Personnel Related Issue: Please briefly state the issue. \_\_\_\_\_

**III. Reason for this appeal (Please include dates, location and action):** \_\_\_\_\_

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**Remedy Sought (What do you want?):** \_\_\_\_\_

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**IV. ARE YOU A MEMBER OF A UNION? ☐ YES ☐ NO**

**If yes, Name of Union and Local Number:** \_\_\_\_\_

- ☐ I HAVE / ☐ I HAVE NOT filed a grievance on the same issues that are identified in this appeal, with my union or bargaining unit.
- This matter ☐ IS / ☐ IS NOT the subject of arbitration pursuant to a collective bargaining agreement.

**V. IF YOU ARE NOT A MEMBER OF A UNION:**

- Did you receive notification of your right to a timely resolution of this grievance from your Department? ☐ Yes / ☐ No (SMC 4.04.070)
- ☐ I HAVE / ☐ I HAVE NOT filed a grievance on the issues that are identified in this appeal, through the intra-departmental grievance procedure. (Personnel Rule 1.4)
- If you filed a grievance through the intra-department grievance process, what was the outcome?

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*If needed, you may provide this information on an additional sheet of paper. Also, please attach any documents or correspondence that you have received from the Department related to your grievance.*

**VI. Please list all other parties to be notified of this action:**

Name	Title	Complete Address and/or Mail Stop	Phone (Include Area Code)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VII. Do you have an attorney or another person representing you for this appeal?** ☐ YES ☐ NO

If yes, please have the attorney submit a NOTICE OF APPEARANCE to the Commission office. All documents and information related to the appeal will go to the attorney or representative.

**NOTE:** AN ATTORNEY OR A REPRESENTATIVE IS NOT REQUIRED FOR THE APPEAL PROCESS

**A. ATTORNEY:**

Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

\_\_\_\_\_

**B. REPRESENTATIVE:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**If you do not have an attorney or a representative, Please put the address to where all legal documents for the appellant, related to this appeal should be served:**

Mailing Address: \_\_\_\_\_

Residence, if different than Mailing Address: \_\_\_\_\_

Home Phone (Include Area Code): \_\_\_\_\_

Work Phone (Include Area Code): \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
**APPELLANT'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
**APPELLANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**